



PATENT
ATTORNEY DOCKET NO. 50125/041002

Certificate of Mailing: Date of Deposit: June 14, 2004

I hereby certify under 37 C.F.R. § 1.8(a) that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage on the date indicated above and is addressed to Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Colleen Coyne
Printed name of person mailing correspondence

Colleen Coyne
Signature of person mailing correspondence

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Andrea Aschenbrenner et al. Art Unit: 1624

Serial No.: 10/083,008 Examiner: K. Habte

Filed: February 26, 2002 Customer No.: 21559

Title: COMPOUNDS FOR THE TREATMENT OF PROTOZOAL DISEASE

Mail Stop Issue Fee
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

06/17/2004 STEUHEL2 00000025 10083008
01 FC:1456 400.00 OP

200.00 not 400.00
200 Refund

APPLICATION FOR PATENT TERM ADJUSTMENT UNDER 37 C.F.R. § 1.705

In response to the Determination of Patent Term Adjustment under 35 U.S.C.

§ 154(b) mailed with the Notice of Allowance on April 28, 2004 in connection with the above-captioned patent application, Applicants hereby request reconsideration of the patent term adjustment. Applicants submit that the current patent term adjustment should be 57 days, i.e., the period of 61 days representing the excess of fourteen months from the filing date of the present patent application to the mailing date of the Requirement for Restriction, reduced by 4 days representing the period greater than the three-month

Adjustment date: 07/17/2006 CKHLOK
06/17/2004 STEUHEL2 00000025 10083008
01 FC:1456 -400.00 OP

07/17/2006 CKHLOK 00000012 10083008
01 FC:1455 200.00 OP

Refund Ref:
07/17/2006 CKHLOK 0000152734
CHECK Refund Total: \$200.00

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND									
1 Date of Request: <u>6-16-06</u>		2 Serial/Patent # <u>1083,000</u>							
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED						
	Filing		\$						
	Amendment		\$						
	Extension of Time		\$						
	Notice of Appeal/Appeal		\$						
X	Petition		\$ <u>200.00</u>						
	Issue		\$						
	Cert of Correction/Terminal Disc.		\$						
	Maintenance		\$						
	Assignment		\$						
	Other		\$						
		7 TOTAL AMOUNT OF REFUND							
		\$ <u>200.00</u>							
10 REASON:		8 TO BE REFUNDED BY:							
		X	Treasury Check						
X	Overpayment <u>400.00 charged only 200.00</u>		Credit Deposit A/C #:						
	Duplicate Payment	9	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">--</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			--			
		--							
	No Fee Due (Explanation):								
11 REFUND REQUESTED BY: <u>Keynes Dept</u>									
TYPED/PRINTED NAME: <u>Keynes</u>		TITLE: <u>Senior Legal Advisor</u>							
SIGNATURE: <u>[Signature]</u>		PHONE: <u>521-212-7757</u>							
OFFICE: _____									
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****									
APPROVED: <u>[Signature]</u>		DATE: <u>7/17/04</u>							

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: